

APPLICATION FORM – ANNEX 2

EXPANDING PARTICIPATION OF PEOPLE WITH DISABILITIES

Please provide information in the space given. You may type or electronically complete this form (minimum 11 point font). Handwritten applications will not be accepted.

Name of Organization: _____

Type of Organization: Local ☐ or International ☐

Project Title: _____

PO Box: _____ City/District: _____ Country: _____

Contact Person: _____ Position/Title: _____

Phone: _____ Fax: _____ Email: _____

Please describe your organization (tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Disabled People's Organization | <input type="checkbox"/> No experience with disability |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Limited experience with disability |
| <input type="checkbox"/> Non-governmental Organization | <input type="checkbox"/> Extensive experience with disability |
| <input type="checkbox"/> Faith Based Initiative | <input type="checkbox"/> Other _____ |

Amount of funding requested (in USD): _____

Project duration (total months): _____ Proposed start date: _____ End date: _____

Funding is requested for (tick all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Equipment/tools | <input type="checkbox"/> Building modifications |
| <input type="checkbox"/> Consumable materials | <input type="checkbox"/> Meetings |
| <input type="checkbox"/> Training | <input type="checkbox"/> Media costs |
| <input type="checkbox"/> Transportation/Travel | <input type="checkbox"/> Printing/publications |
| <input type="checkbox"/> Salaries and fees | <input type="checkbox"/> Other (list) _____ |

The proposed project activities address which of the following areas? (Tick all that apply):

- ☐ Increase participation of people with disabilities in USAID activities
- ☐ Strengthen the capacity and services of disabled people's organizations

APPLICATION FORM – ANNEX 2

1. Please provide a brief description of your organization, including background and experience in the disability sector. *(Please limit your response to 1/2 page.)*

2. Please provide a brief summary of the proposed project. This must include what this project seeks to achieve, specific objectives, DELIVERABLES, location and expected number of beneficiaries. *(Please limit your response to 2 pages)*

3. Please justify the NEED for this project. Justification should address overall need for this project and need for each of the main activities/deliverables. *(Please limit your response to 1 page)*

APPLICATION FORM – ANNEX 2

4. Please explain how the proposed project will further the goals and objectives of the USAID mission/WOU *and* the provisions set forth in the UN Convention on the Rights of Persons with Disabilities. *(Please limit your response to ½ page)*

5. Please list main activities with target dates for completion for the duration of the proposed project. Please provide summary information using the sample table below. Beneath the table please provide details of the implementation of EACH activity. *(Please limit your response to 1 ½ pages)*

Year 1

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.												
2.												
3.												
4.												

Details:

- 1.
- 2.
- 3.
- 4.

Year 2

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.												
2.												
3.												
4.												

Details:

- 1.
- 2.
- 3.
- 4.

6. How many staff will be directly involved in and/or funded by this project? Please list their role, qualifications and experience. *(Please limit your response to ½ page)*

APPLICATION FORM – ANNEX 2

7. Does your organization plan to collaborate with other organizations in achieving this project's objectives? If so, please explain HOW. *(Please limit your response to 1/4 page)*

8. Please provide your detailed budget summarized under the following budget line items. Below this budget, and as notes to the budget, provide a detailed breakdown of this summary per line item. Please indicate exchange rate used. *(Please limit your response to 2 pages)*

<i>Description</i>	<i>Budget (US \$)</i>
Direct labor (e.g. salaries, wages etc)	
-	
Travel and Per diem	
-	
Equipment and supplies	
-	
Program Activities	
-	
Other Direct Costs (e.g. rent, utilities, communication etc)	
-	
Total	

Notes to the budget:

9. Please describe the monitoring and evaluation plan for the project (including program indicators, frequency, and method. The M&E plan should include measurement of the qualitative and quantitative impacts of the project as well as a final report/analysis of lessons learned. *(Please limit your response to 1 page)*